PLACE OF BIRTH		$oldsymbol{v}_{i}$
1. County of Bela	ARIZONA STATE BOA	ARD OF HEALTH
District of	the second control of	
Town of Meaner	BUREAU OF VITAL STATISTICS	State Index No. 163
or	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No
City of		Local Registrar No.
	(If birth occurred in a hospital or institution, give	St. Ward
2. Full name of child Aufrelia	Padilla	If child is not yet named, make
3. Sex of Child   To be answered ONLY		supplemental report, as directed.
in event of plural	o. Megitimate?	2 Page 11 est
Male births.	5. No., in order of birth	7. Date March 25 1928
8. FATHER		month Day Year
	14.	MOTHER
Full name Bisente Pada	lla Full maiden name (	land born - 0
9. Residence	15. Residence	lance Congalio
(Usual place of abode)	ii USUBI DIRCE of abod	(e) Meany
If nonresident, give place and state	land If nonresident, give pl	ace and state
10. Color or race	16. Color or race	
Mercean 11. Age at last	birthday Wears) Muxuum	
		17. Age at last birthday 55 (Years)
12. Birthplace (city or place) Maxe	18. Birthplace (city or p	lace) Marie
(State or country)	(State or country)	
13. Occupation Mucie		
Nature of industry	Nature of industry	francisco
20 Number of ability of the		
(Taken as of time of birth of child herein (b)	Born alive and now living 21. Were	precautions taken against opk- nia neonatorum?
certified and including this child.) (c)	Stillborn More	
CEDTIELO		UDWIEE W
I hereby certify that I attended the birth of	this child, who was	at // m on the data at
*When there was no attending physician or midwife, then the father householder	(Born alive or stillborn.)	If
etc., should make this return. A stillborn child is one that neither breathes nor shows	Signature Stew	(Physician or midwife)
	Address	Carrier or minante)
ven name added from	mel 31 58	
supplemental report	Filed 14 Ch 20, 19 78	V6. (0. 0) . 3V
73	Filed 19	Local Registrar.
Rogistrar,	171 200 079	County Registrar.
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